

Mary Byrd, LMHP
1710 North 144th Street
Omaha, NE 68154
Phone: 402-651-4673 Fax: 402-614-6174

**Notice of Privacy Practices
Receipt and Acknowledgment of Notice**

Patient/Client

Name: _____

DOB: _____

SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Mary Byrd's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Mary Byrd, LMHP.

Signature of Patient/Client

Date

Signature of Parent/Guardian/or Personal Representative*

Date

*If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual(power of attorney, etc.)

___ Patient/Client Refuses to Acknowledge Receipt:

Signature of Staff Member

Date